

HOMEOWNER'S PERMIT APPLICATION

1. PROJECT INFORMATION									
Project Pro									
Address:				Descript	ion:				
Type of Work: New Addition Alteration Detached				ached Stru	d Structure Demolition Other				
Valuation					_	Zoning:			
of Job: \$									
Property Line				Property					
Setbacks: Front			Rear			Easements: Ye	es No		
Lot/Tract:	Block: Subdivision/Surv			Survey:			Lot Size: (sq. ft.)		
1 st Floor	2 nd Floor Garage				Porc	h	Total Building Area:		
Area:	Area: Area:				Area	ı:			
Water:							Fire		
11 7			Vater Service Meter			Well	District?		
Sanitary							Flood		
					e, attach Health Dept. permit Hazard?				
2. BUILDING OWNER (CONTRACTOR) INFORMATION									
Name:	Address:				City/State/Zip:				
Phone:		Fax:			Email:				
3. SUBCONTRACTOR INFORMATION									
Plumbing:	Mechanical:				Electrical:				
Backflow Tester:		Irrigation:				Well Driller:			
4. PLEASE READ CAREFULLY									
Be advised incomplete applications may be rejected, denied or cause permit processing delays. Has a Site Plan been completed? Yes No NR (attach documentation).									
This permit becomes null and void if work authorized is not commenced within 180 days of issuance or if work is									
suspended or abandoned for a period of 180 days at any time after work is commenced.									
As the Homeowner, I understand that I am able to be the General Contractor for my Home Improvement Project. I									
realize that it is my responsibility to make sure that all work is done to meet or exceed the Codes that the City of									
Midland has adopted. I also realize that I should hire a licensed Contractor to do the work that I am not qualified									
to do, such as electrical, plumbing, mechanical and gas work.									
I hereby certify that I am the Homeowner and further certify that the information provided is true and correct to the									
best of my knowledge. This work shall comply with all provisions of laws and ordinances, whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any federal,									
state or local law regulating construction or the performance of construction.									
Signature of Applicant: Date:									
Digitative of Applicant.						Date.			
Printed Name of Applicant:					Phone:				
Email:				Fax	Fax:				

Code Administration Division

Development Services Department
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